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4448/Y01/CPS/IBSS/LAP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Ronald Schauer and John Charles Davies
Serial No. : 09/706,435
Filed : November 3, 2000
For : INSTALLATION DOCKING PEDESTAL FOR PRE-
FACILITATION OF WAFER FABRICATION
EQUIPMENT
Examiner : Naschica Sanders Morrison
Group Art Unit : 3632

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

WFEE
✓

REQUEST FOR EXTENSION OF TIME
PURSUANT TO 37 CFR § 1.17 (a)

Sir:

Applicants respectfully request a one-month extension of time in which to respond to the Examiner's Office Action mailed March 24, 2004 in which a three-month period for response was set to expire on June 24, 2004. After granting the request for a one-month extension of time, the response period will expire on July 24, 2004.

Certificate of Mailing/Transmission (37 C.F.R. Section 1.8(a))
I hereby certify that, on the date shown below, this correspondence is being
☒ transmitted by facsimile to the U.S. Patent and Trademark Office

Signature

Date

7/26/04

Brian M. Dugan
(name of person certifying)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/706435

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	16 Minus	20	=
Independent	3 Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19 Minus	20	= 1
Independent	3 Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	26 Minus	20	= 6
Independent	2 Minus	4	= 8
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	80
+270=	
TOTAL	790

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	108
X80=	
+270=	
TOTAL ADDIT. FEE	108

Best Available Copy